

FORM C

United States District Court

U.S DISTRICT COURT, Plaintiff

v.

JAMES CARTER, Defendant(s)

**PRISONER APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF FEES AND
AFFIDAVIT**

CASE NUMBER: CR1-02-030-001

I, JAMES CARTER, swear or affirm under penalty of perjury that I am the (check appropriate box)

petitioner/plaintiff/movant other _____

in the above-named proceeding, that I am unable to pay the costs of these proceedings, and that I believe I am entitled to the relief sought in the complaint/petition/motion. I further swear or affirm under penalty of perjury under United States laws that my answers on this form and any attachments are true and correct.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0" or "none," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name and the question number.

Signed: James Carter

Date: 2/4/08

At your Name: JAMES CARTER

1. State the place of your incarceration: FEDERAL CORRECTIONAL INSTITUTION MANCHESTER
 Your prisoner identification number: 01563-061
 Your social security number: 275-76-6983
2. Are you currently employed at the jail/prison/correctional facility? Yes No
 Do you receive payment from the jail/prison/correctional facility? Yes No
3. Estimate the average amount of money received from each of the following sources during the past 12 months. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Amount received during the past 12 months	Amount expected to receive in the future
Employment/Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest & dividends	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts or Inheritance	\$ <u>N/A</u>	\$ <u>N/A</u>
Pension (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>

Income Source	Amount received during the past 12 months	Amount expected to receive in the future
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify)	\$ <u>N/A</u>	\$ <u>N/A</u>
Total Monthly Income	\$ <u>5.25</u>	\$ <u>N/A</u>

4. How much cash do you have? \$ 167.80

State any money you have in any prison account, or in any checking or savings accounts, or in any other financial institution.

Where is the money? (include name of bank, savings & loan, prison account)	Type of Account	Amount You Have
a.		\$ <u>N/A</u>
b.		\$ <u>N/A</u>
c.		\$ <u>N/A</u>

NOTE: You must attach a statement certified by the appropriate prison or jail officer (see the last page of this document) showing all receipts, expenditures, and balances during the last six months in your prison or jail account(s).

5. List the assets, and their values, which you own. Do not list clothing and ordinary household furnishings.

Asset	Description	Value
a. Stocks, bonds, securities or other financial instruments)		\$ <u>N/A</u>
b. Other valuable property (for example, automobiles)		\$ <u>N/A</u>

6. State every person, business, or organization owing you money, and the amount owed.

	Who owes you money?	Amount owed to you
a.		\$ N/A
b.		\$ N/A
c.		\$ N/A
d.		\$ N/A

7. Do you expect any major changes to your income, or in your assets or liabilities during the next 12 months?
 Yes No
 If yes, describe on an attached sheet.

8. Provide any other information that will help explain why you cannot, or cannot without undue hardship, pre-pay the fees or costs for this case.

* * * * *

CERTIFICATE

(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant named in the attached Application to Proceed Without Prepayment of Fees and Affidavit has the sum

\$ 167.80 on account to his/her credit at (name of institution)
 FCI Manchester, Ky. I further certify that the applicant has the following

securities to his/her credit: I further certify that during the past six months the applicant's average balance was \$ 45.79, and the following statement of all receipts, expenditures, and balances during the last six months is true and correct.

Date: 2-12-08

Signature of Authorized Officer:

Printed Name:

J. Hayes
 J. Hayes, Counselor

Inmate Inquiry			
Inmate Reg #:	01563061	Current Institution:	Manchester FCI
Inmate Name:	CARTER, JAMES	Housing Unit:	MAN-L-B
Report Date:	02/12/2008	Living Quarters:	L04-110U
Report Time:	12:08:11 PM		

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 5226
 PAC #: 168727115
 FRP Participation Status: Participating
 Arrived From:
 Transferred To:
 Account Creation Date: 2/19/2003
 Local Account Activation Date: 7/1/1991

Sort Codes:
 Last Account Update: 2/10/2008 12:11:38 AM
 Account Status: Active
 Phone Balance: \$4.57

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
Quarterly	\$25.00	0%
Monthly	\$25.00	0%

Account Balances

Account Balance: \$167.80
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$167.80
 National 6 Months Deposits: \$881.50
 National 6 Months Withdrawals: \$734.60
 National 6 Months Avg Daily Balance: \$45.79
 Local Max. Balance - Prev. 30 Days: \$192.80